

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSD		2/2/01
FORMALITY REVIEW	EW	949	2/27/01
RESPONSE FORMALITY REVIEW	Zm	927	05/16/01

INDEX OF CLAIMS

Rejected N Non-elected

Allowed I Interference

(Through numeral) Canceled A Appeal

Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
50 ✓		51 ✓		101 ✓	
51 ✓		52 ✓		102 ✓	
53 ✓		54 ✓		103 ✓	
55 ✓		56 ✓		104 ✓	
56 ✓		57 ✓		105 ✓	
58 ✓		59 ✓		106 ✓	
59 ✓		60 ✓		107 ✓	
61 ✓		62 ✓		108 ✓	
63 ✓		64 ✓		109 ✓	
65 ✓		66 ✓		110 ✓	
66 ✓		67 ✓		111 ✓	
68 ✓		69 ✓		112 ✓	
70 ✓		71 ✓		113 ✓	
72 ✓		73 ✓		114 ✓	
74 ✓		75 ✓		115 ✓	
76 ✓		77 ✓		116 ✓	
78 ✓		79 ✓		117 ✓	
80 ✓		81 ✓		118 ✓	
82 ✓		83 ✓		119 ✓	
84 ✓		85 ✓		120 ✓	
86 ✓		87 ✓		121 ✓	
88 ✓		89 ✓		122 ✓	
90 ✓		91 ✓		123 ✓	
92 ✓		93 ✓		124 ✓	
94 ✓		95 ✓		125 ✓	
96 ✓		97 ✓		126 ✓	
98 ✓		99 ✓		127 ✓	
100 ✓				128 ✓	
				129 ✓	
				130 ✓	
				131 ✓	
				132 ✓	
				133 ✓	
				134 ✓	
				135 ✓	
				136 ✓	
				137 ✓	
				138 ✓	
				139 ✓	
				140 ✓	
				141 ✓	
				142 ✓	
				143 ✓	
				144 ✓	
				145 ✓	
				146 ✓	
				147 ✓	
				148 ✓	
				149 ✓	
				150 ✓	

If more than 150 claims or 10 actions
staple additional sheet here

Best Available Copy

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